



MISSOURI DEPARTMENT OF REVENUE
INDIVIDUAL INCOME TAX RETURN

1998
FORM
MO-1040

DLN

FOR CALENDAR YEAR JAN. 1 – DEC. 31, 1998, OR FISCAL YEAR BEGINNING

1998, ENDING

19

AMENDED RETURN —

CHECK
HERE

DOR ONLY ▶

PM

E

STEP 1 — NAME AND ADDRESS

YOUR LAST NAME

FIRST NAME

INITIAL

YOUR SOCIAL SECURITY NO.

SPOUSE'S LAST NAME

PLACE LABEL HERE

FIRST NAME

INITIAL

SPOUSE'S SOCIAL SECURITY NO.

IN CARE OF NAME (ATTORNEY, ACCOUNTANT, GUARDIAN, PERSONAL REPRESENTATIVE, ETC.)

COUNTY OF RESIDENCE

SCHOOL DIST. NO.

PRESENT ADDRESS (INCLUDE APARTMENT # OR RURAL ROUTE)

CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE

You may contribute to any one or all of the trust funds below. Place the total amount contributed on Lines 52a, 52b and 52c. Please see the instructions for these lines for a complete description of each trust fund.



Children's
Trust
Fund



Veterans
Trust
Fund



Elderly Home
Delivered Meals
Trust Fund

Enclose copies of pages 1 and 2 of your Federal Form 1040 or 1040A if you:

- itemized deductions on your federal return (also enclose a copy of Federal Schedule A);
- claim a pension exemption;
- have loss(es) of \$1,000 or more on Line 15T below;

- have modifications on Form MO-A, Part 2;
- file Form MO-NRI;
- claim a low income housing credit and/or low income housing recapture; or
- claim other federal tax deductions on Line 20

STEP 2 — CHECK YOUR FILING STATUS

☐ 1. Single — \$1,200 (see Box 6 before checking)

☐ 2. Married and filing a combined Missouri return — \$2,400

☐ 3A. Married filing separate — \$1,200

☐ 3B. Married filing separate (spouse not filing) — \$2,400

☐ 4. Head of household — \$2,000

☐ 5. Qualifying widow(er) with dependent child — \$2,000

☐ 6. Claimed as a dependent on another person's federal tax return — \$0.00 (see instructions)

If you checked Box 2 above, complete Column Y, S, and T. If you checked any box other than Box 2, complete only Column T.

ADDITIONAL INFORMATION
(Check all applicable boxes)

☐ 7. 65 or over — yourself

☐ 8. 65 or over — spouse

☐ 9. Blind — yourself

☐ 10. Blind — spouse

100% Disabled (see instructions)

☐ Yourself

☐ Spouse

Non-Obligated Spouse (see instructions)

☐ Yourself

☐ Spouse

STEP 3 — FIGURE YOUR MO ADJUSTED GROSS INCOME

COMBINED INCOME

ONE INCOME

	Y—YOURSELF		S—SPOUSE		T—TOTAL OR ONE INCOME	
11. Federal adjusted gross income (see instructions) ▶	11Y	00	11S	00	11T	00
12. Total additions (from Form MO-A, Part 2, Line 3) ▶	12Y	00	12S	00	12T	00
13. Total income — add Lines 11 and 12 ▶	13Y	00	13S	00	13T	00
14. Total subtractions (from Form MO-A, Part 2, Line 7) ▶	14Y	00	14S	00	14T	00
15. Missouri adjusted gross income — Line 13 less Line 14 ▶	15Y	00	15S	00	15T	00

STEP 4 — FIGURE YOUR TAXABLE INCOME

16. Income percentages — divide Columns 15Y and 15S by 15T ▶	16Y	%	16S	%	16T	100 %
17. Pension exemption (from Form MO-A, Part 3, Line 9T) ▶					17	00
18. Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS (see instructions) ▶					18	00
19. Federal income tax liability (from Federal Telefile Tax Record, Line J (second box) minus Line K; Federal Form 1040EZ, Line 10 minus Line 8a; Federal Form 1040A, Line 32 minus Line 37a; or Federal Form 1040, Line 49 minus Line 59a) ▶			19	00		
20. Other federal tax (see instructions). Enclose pages 1 and 2 of federal return ▶			20	00		
21. Total federal tax — add Lines 19 and 20 ▶			21	00		
22. Federal tax deduction. Enter amount from Line 21 not to exceed \$5,000 (\$10,000 for combined) ▶					22	00
23. Exemption amount checked on Lines 1 through 6 ▶					23	00
24. Number of dependents (DO NOT INCLUDE YOURSELF OR SPOUSE) from Federal Form 1040A, Line 6c OR Federal Form 1040, Line 6c ▶				X \$1,200 =	24	00
25. Number of dependents on Line 24 who are 65 years of age or older and do not receive Medicaid or state funding (DO NOT INCLUDE YOURSELF OR SPOUSE) ▶				X \$1,000 =	25	00
26. Total deductions — add Lines 17, 18, 22, 23, 24 and 25 ▶					26	00
27. Subtotal — subtract Line 26 from Line 15T ▶					27	00
28. Multiply Line 27 by percentages (%) on Line 16 ▶	28Y	00	28S	00	28T	00
29. Enterprise zone income modification (see instructions) ▶	29Y	00	29S	00	29T	00
30. Subtract Line 29 from Line 28. Enter here and on Line 31 ▶	30Y	00	30S	00	30T	00

ENCLOSE COPY OF FORM W-2, FORM 1099-R AND/OR FORM MO-2ENT

STEP 5 — FIGURE YOUR TAX		Y—YOURSELF		S—SPOUSE		T—TOTAL OR ONE INCOME			
31. Taxable income amount from Line 30Y, 30S and/or 30T	31Y		00	31S		00	31T		00
32. TAX on Line 31 (see tax table, Form MO-A, page 1)	32Y		00	32S		00	32T		00
33. Resident credit (enclose Form MO-CR and other state's return) . ▶ OR 34. Nonresident percentage (enclose Form MO-NRI and copy of federal return). Check appropriate box if you or your spouse is a professional entertainer or a member of a professional athletic team. ▶ <input type="checkbox"/> YOURSELF ▶ <input type="checkbox"/> SPOUSE	33Y		00	33S		00	33T		00
	34Y		%	34S		%	34T		%
35. Balance (Resident — subtract Line 33 from Line 32 OR Nonresident — multiply Line 32 by percentage on Line 34)	35Y		00	35S		00	35T		00
36. Other taxes (check box and enclose federal form indicated): ▶ <input type="checkbox"/> Lump sum distribution (Form 4972) ▶ <input type="checkbox"/> Recapture of low income housing credit (Form 8611) . . . ▶	36Y		00	36S		00	36T		00
37. TOTAL TAX — add Lines 35 and 36	37Y		00	37S		00	37T		00

STEP 6 — FIGURE YOUR CREDITS AND PAYMENTS

38. Miscellaneous tax credits (from Form MO-TC, Line 26). Form MO-TC must be enclosed	▶	38		00	
39. Property tax credit. Enclose Form MO-PTC	▶	39		00	
40. MISSOURI tax withheld as shown on your Form W-2(s) and/or Form 1099-R(s). Form W-2(s) and/or Form 1099-R(s) must be enclosed	▶	DOR ONLY		40	00
41. 1998 Missouri estimated tax payments (include overpayment from 1997 applied to 1998) ..	▶	41		00	
42. Missouri tax withheld for nonresident partners or S corporation shareholders	▶	42		00	
43. Missouri tax withheld for nonresident entertainers	▶	43		00	
44. Add Lines 41 through 43	▶	44		00	
45. Amount paid with Missouri extension of time to file (Form MO-60 or Form MO-1040V)	▶	45		00	
46. AMENDED RETURN ONLY: Amount paid on original return	▶	46		00	
47. Add Lines 38 through 40 and 44 through 46	▶	47		00	
48. AMENDED RETURN ONLY: Refund as shown on original return	▶	48		00	
IF FILING AN AMENDED RETURN, INDICATE REASON(S) FOR AMENDING.					
▶ <input type="checkbox"/> A. Federal audit	Enter date of IRS report ▶	M M D D Y Y			
▶ <input type="checkbox"/> B. Net operating loss carryback	Enter year of loss ▶				
▶ <input type="checkbox"/> C. Investment tax credit carryback	Enter year of credit ▶				
▶ <input type="checkbox"/> D. Correction other than A, B or C	Enter date of federal amended return, if filed ▶				
49. Total payments and credits — subtract Line 48 from Line 47	▶	49		00	

STEP 7 — FIGURE YOUR REFUND OR AMOUNT DUE

50. If Line 49 is larger than Line 37T, enter the difference (amount of OVERPAYMENT) here	▶	50		00
51. Amount of Line 50 to be applied to your 1999 estimated tax	▶	51		00
52. Amount of Line 50 to be contributed to trust funds				
52a. Children's Trust Fund	▶	52a		00
52b. Veterans Trust Fund	▶	52b		00
52c. Elderly Home Delivered Meals Trust Fund	▶	52c		00
53. Overpayment to be refunded to you. Subtract Lines 51, 52a, 52b and 52c from Line 50 and enter here. Mail return to: DEPARTMENT OF REVENUE, P.O. BOX 500, JEFFERSON CITY, MO 65106-0500. REFUND ▶	▶	53		00
54. If Line 37T is larger than Line 49, enter the difference (amount of UNDERPAYMENT) here	▶	54		00
55. Underpayment of estimated tax penalty (enclose Form MO-2210). Enter penalty amount here	▶	55		00
56. Total amount due. Add Lines 54 and 55 and enter here. Mail return and payment to: DEPARTMENT OF REVENUE, P.O. BOX 329, JEFFERSON CITY, MO 65107-0329. Please write your social security number(s) and daytime phone number on your check or money order (U.S. funds only) made payable to: Missouri Director of Revenue. AMOUNT DUE ▶	▶	56		00

STEP 8 — PLEASE SIGN RETURN

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

I authorize the Director of Revenue or delegate to discuss my return and enclosures with the preparer or any member of his/her firm. <input type="checkbox"/> YES <input type="checkbox"/> NO		PREPARER'S TELEPHONE	DOR ONLY	S	E	U	P	F
YOUR SIGNATURE	DATE	PREPARER'S SIGNATURE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)		DAYTIME TELEPHONE	PREPARER'S ADDRESS AND ZIP CODE	FEIN OR SSN				
				▶				
				DATE				